

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027356

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3613

FILED JUL 30 1962

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Frank Ellis MEDICAL CERTIFICATION

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission):<br>a. STATE Missouri b. COUNTY Jackson                               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Kansas City   |   | Length of stay in 1b<br>10 years  | c. CITY OR TOWN Kansas City  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION General Hospital                                    |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>715 East 9th Street   |
| 3. NAME OF DECEASED<br>(Type or print) Cleo Alma Stone   |   | 4. DATE OF DEATH<br>July 9, 1962  |  |
| 5. SEX Female  | 6. COLOR OR RACE White  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/16/05  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Homemaker                           |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Domestic   | 9. AGE (last birthday) 56  |
| 13a. FATHER'S NAME<br>Claude Rogers  |   | 13b. MOTHER'S MAIDEN NAME<br>May Motsinger  | 12. CITIZEN OF WHAT COUNTRY<br>U. S. A.  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No                  |   | 17. INFORMANT<br>Dorothy Frank, 419 Blue Ridge  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Congestive heart failure |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)             |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |   |  |
| 21. I attended the deceased from 6-27-62 to 7-9-62 and last saw her alive on 7-9-62  |   | Death occurred at 7:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| 22a. SIGNATURE (Degree or title)<br><i>[Signature]</i>   |   | 22b. ADDRESS<br>2400 Cherry   | 22c. DATE SIGNED<br>7-10-62  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>July 12, 1962  | 23c. NAME OF CEMETERY OR CREMATORY<br>Mt. Washington Cemetery   | 23d. LOCATION (City, town, or county) (State)<br>Kansas City Missouri  |
| 24. FUNERAL DIRECTOR<br>D.W. Newcomer's Sons, Kansas City, Mo.   |   | 25. DATE RECD. BY LOCAL REG.<br>7-10-62   | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Raymond M. Hardy*

Licensed Embalmer No. 4913

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.